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W/T

PATENT
Attorney Docket No. STK-071

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Rueger et al.
SERIAL NO.: 08/822,186 GROUP NO.: 1646
FILING DATE: March 20, 1997 EXAMINER: D. Romeo
TITLE: Improved Osteogenic Devices and Methods of Use Thereof for Repair of Endochondral Bone and Osteochondral Defects

CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to the Assistant Commissioner for Patents, Washington, DC 20231 on this 27 day of January, 1999.

Thomas F. Hellenthal
Thomas F. Hellenthal

Assistant Commissioner for Patents
Washington, D.C. 20231

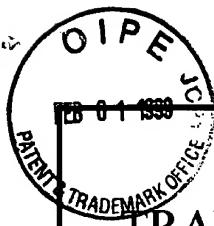
Sir:

Submitted herewith is/are:

Transmittal Form (1 pg.); Fee Transmittal (1 pg.); Petition for Extension of Time (1 pg.); a check in the amount of \$870.00; and a mailroom postcard and this Certificate of First Class Mailing.

431jlc7557/41.721884

SEARCHED
INDEXED
FILED
99 FEB -5 AM ID: 03
GROUP 180



TRANSMITTAL FORM

Application Serial Number	08/822,186
Filing Date	March 20, 1997
First Named Inventor	Rueger
Group Art Unit	1646
Examiner Name	D. Romeo
Attorney Docket No.	STK-071

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Check Attached <input type="checkbox"/> Copy of Fee Transmittal Form <input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] <input checked="" type="checkbox"/> Extension of Time Request <ul style="list-style-type: none"> <input type="checkbox"/> Information Disclosure Statement Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application 	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s) <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund <input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Appeal Communication to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below)
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 FEB -5 AM 10:03
 GROUP 160

CORRESPONDENCE ADDRESS	SIGNATURE BLOCK
Direct all correspondence to: Patent Administrator Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	Respectfully submitted,  Jerrie L. Chiu Attorney for Applicant(s) Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110



FEE TRANSMITTAL

Note: Effective October 1, 1997.
Patent fees are subject to annual revision.

Complete if Known	
Application Serial Number	08/822,186
Filing Date	March 20, 1997
First Named Inventor	Rueger
Group Art Unit	1646
Examiner Name	D. Romeo
Attorney Docket No.	STK-071

METHOD OF PAYMENT		FEE CALCULATION (continued)	
1. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other		3. ADDITIONAL FEES Large Entity Small Entity Fee (\$) Fee (\$) Fee Description Fee Paid	
2. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to credit or charge any fee indicated below to Deposit Account No. 20-0531. <input type="checkbox"/> Required Fees (copy of this sheet enclosed). <input checked="" type="checkbox"/> Additional fee required under 37 CFR 1.16 and 1.17. <input checked="" type="checkbox"/> Overpayment Credit.		130 65 Surcharge - late filing fee or oath 50 25 Surcharge - late provisional filing fee or 130 130 Non-English specification 2,520 2,520 For filing a request for reexamination 110 55 Extension for reply within first month 380 190 Extension for reply within second month 870 435 Extension for reply within third month 1,360 680 Extension for reply within fourth month 1,850 925 Extension for reply within fifth month 300 150 Notice of Appeal 300 150 Filing a brief in support of an appeal 260 130 Request for oral hearing 130 130 Petitions to the Commissioner 50 50 Petitions related to provisional applications 240 240 Submission of Information Disclosure Statement (37 CFR 1.97(c)) 130 130 Submission of Information Disclosure Statement (37 CFR 1.97(d)) 760 380 Filing a submission after final rejection (37 CFR 1.129(a)) 760 380 For each additional invention to be examined (37 CFR 1.129(b)) 760 380 Other (Specify)	
FEE CALCULATION			
1. FILING FEE			
Large Entity Fee (\$) Fee Description Fee Paid			
760	Utility filing fee	<input type="text"/>	
310	Design filing fee	<input type="text"/>	
150	Provisional filing fee	<input type="text"/>	
Number Number Rate Amount Filed Extra			
Total Claims	- 20 = _____	x \$ 18.00 =	<input type="text"/>
Independent Claims	- 3 = _____	x \$ 78.00 =	<input type="text"/>
<input type="checkbox"/> Multiple Dependent Claim(s), if any		\$260.00 =	<input type="text"/>
TOTAL:			
SMALL ENTITY DISCOUNT:			
SUBTOTAL (1)		(\$)	0
2. AMENDMENT CLAIM FEES			
Claims Highest No. Present Rate Fee Paid Remaining Previously Extra After Amend. Paid For			
Total	- =	x \$ 18.00 =	<input type="text"/>
Indep.	- =	x \$ 78.00 =	<input type="text"/>
<input type="checkbox"/> First Presentation of Multiple Dep. Claim		+ \$260.00 =	<input type="text"/>
TOTAL:		(\$)	<input type="text"/>
SMALL ENTITY DISCOUNT:		(\$)	<input type="text"/>
SUBTOTAL (2)		(\$)	<input type="text"/>
SUBTOTAL (3) (\$)			
SUBTOTAL (1) 0.00 SUBTOTAL (2) 0.00 SUBTOTAL (3) 870.00			
TOTAL (\$)			
870.00			
CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	
Direct all correspondence to:		Respectfully submitted, Terrie L. Chiu Attorney for the Applicants Testa, Hurwitz & Thibeault, LLP High Street Tower 125 High Street Boston, MA 02110 Tel. No.: (617) 248-7000 Fax No.: (617) 248-7100	